

A Strong Start for Families: Voluntary Home Visiting in California

Brain science is clear: the foundations for lifelong health and learning are built in utero and during the first three years of life. Every baby deserves a strong start, but this can be a challenging time for families. Parents may not always know where to turn for support.



Home visiting programs are voluntary, family-centered programs that match new and expectant parents with trained professionals who provide ongoing, individualized support during critical points throughout pregnancy and a child's first year(s) of life. By reaching families early in their transition into parenthood, and linking them with needed resources and information, voluntary home visiting programs are a critical piece of a broader, multi-faceted system of family support.

Home visiting programs align to a **comprehensive, two-generational** framework of goals:

- Support the optimal development of children
- Promote healthy family relationships
- Increase the confidence and competence of parents
- Promote family economic self-sufficiency
- Prevent child abuse and neglect
- Maximize utilization of safety net supports

In order to effectively reach parents and meet the diverse needs of families, California must take a **two-pronged approach** to home visiting.



Universal screening, triage, and referral:

Screen families for risk factors during pregnancy or at the time of birth, and refer them to resources, supports, and/or home visiting programs that fit their needs.



A portfolio of home visiting programs, of varying intensity:

Ensure an available, accessible continuum of targeted home visiting programs, ranging from programs for families with moderate needs to evidence-based models that can support high-need families over a longer period.



Over **500,000** California babies are born each year, and many of their families face challenges from the start.

62% of babies are born into low-income households.

Over **1 in 6** women report prolonged depression while pregnant or after their baby is born. Rates among African-American and Latina moms are higher.

1 in 11 pregnant women experience partner violence, and more than **1 in 6** African-American moms do.

7% of babies are born at low birth weight and susceptible to health and learning difficulties throughout childhood.

Only **62%** of babies and toddlers - and even fewer Latino children (**54%**) - are read to every day.

For references go to <http://prokid.info/HVCref>

Across California, there is a diverse array of home visiting programs, anchored within local public and private organizations, and funded by various federal and local sources. California does not dedicate general fund dollars or coordinate home visiting, and current program capacity falls far short of reaching the hundreds of thousands of families who may benefit. *See chart on back.*

Home Visiting Program		Total Counties	Families Served	Funding Sources
	Early Head Start (EHS) provides early child development and family support services to low-income pregnant women and families with children from birth through age three.	45	8,877	Federal-to-Local Administration for Children & Families grants; First 5 Commissions; various matching funds*.
	Healthy Families America (HFA) works to reduce child maltreatment through prenatal care, improving parent-child interactions, and promoting children's school readiness.	14	2,516	California Home Visiting Program (MIECHV); First 5 Commissions; various matching funds*.
	Nurse-Family Partnership (NFP) serves first-time, low-income mothers with one-on-one home visits by a trained public health registered nurse.	21	5,206	California Home Visiting Program (MIECHV); First 5 Commissions; various matching funds*.
	Parents as Teachers (PAT) provides parents with child development knowledge and parenting support.	6	2,812	First 5 Commissions; various matching funds*.
	Home Instruction for Parents of Preschool Youngsters (HIPPY) promotes preschoolers' school readiness and supports parents as their children's first teacher.	2	332	First 5 Commissions; various matching funds*.
	Other evidence-based program models, meeting MIECHV evidence-based criteria but not listed above.	8	1,112	First 5 Commissions; various matching funds*.
	Unique locally designed program models, specifically tailored to meet community needs.	29	20,526	First 5 Commissions; various matching funds*.

** From assorted locally-specific public and private sources.*

2017 Recommendations

- Sustain and Strengthen Funding:** Current funding is fragile and fragmented. Significant investments occur through First 5 Commissions, whose revenue is increasingly unstable due to declining tobacco sales.
 - Before September 2017, **preserve federal Maternal, Infant, & Early Childhood Home Visiting (MIECHV) funding** which supports 26 communities via the California Home Visiting Program.
 - Identify and facilitate opportunities to leverage additional federal dollars** for home visiting programs.
- Strategically Scale Home Visiting for Key Populations:** Home visiting gives the greatest boost to families facing the most challenges, and can drive savings across health care, child welfare, education, and social service systems.
 - Pilot projects** to support specific populations within Medi-Cal and CalWORKs with home visiting.
- Align Data & Referral Systems:** Home visiting programs have potential to be valuable data and referral hubs.
 - Enable seamless referrals** between home visiting and Medicaid, WIC, CalWORKs, and other state programs.
 - Collect consistent data across home visiting programs** on referrals to safety net programs, oral health, health care, and more.

For more information, contact:

Angela Rothermel
Senior Associate Early Childhood Policy
arothermel@childrennow.org